

AB008. SOH22ABS132. The impact of pre-emptive paracetamol uses on intraoperative opioid requirements in day-case patients undergoing wide local excisions and sentinel lymph node biopsies with or without regional block

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Background: Minimisation of intra-operative opioid use is one area of ongoing research interest with several potential benefits to the patient. Pre-emptive analgesia, defined as the administration of an analgesic before surgery to prevent establishment of central sensitization of pain, is one avenue that has been explored to achieve this.

Methods: A retrospective observational study was undertaken to examine the effect of pre-emptive paracetamol on intraoperative opioid requirements. The medical and operative data of 58 patients who underwent day case wide local excision and sentinel lymph node biopsy with and without regional block at our centre between October 2019 and October 2021 was carried out. Data were collected on demographics, total intraoperative opioid consumption and time spent in recovery were collected.

Results: A total of 30 patients did not receive pre-emptive paracetamol while 28 did. Baseline characteristics were the same between the two groups. Pre-emptive paracetamol use was associated with a statistically significant decrease

in intra-operative requirements of fentanyl, dexketoprofen, oxynorm and diclofenac, but not morphine. There was no difference in time spent in recovery.

Conclusions: Our study suggests that pre-emptive administration of paracetamol may prove a simple and effective method for reducing intra-operative opioid consumption. Larger studies may strengthen the evidence for this association.

Keywords: Pre-emptive analgesia; opioid-sparing; intraoperative opioids; pain; breast surgery

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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